

MACON COUNTY

COMMUNITY DIAGNOSIS DOCUMENT

A GUIDE TO HEALTHY COMMUNITIES

1996-1999

Compiled by

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Introduction

Mission Statement

The overall mission of the council is to assist the Department of Health by advising the Department regarding the health problems of Macon County and thus assist the Department in its responsibility to undertake “Community Diagnosis”. The role of the Department of Health is to support the Council by providing the resources needed by the Council to undertake the work, and by facilitating the “Community Diagnosis” process. The following is a proposed objective statement. The mission of the Council is to assist the Department of Health by:

- Developing a community health assessment which includes health problems and needs identification.
- Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
- Establishing priorities for all major identified health problems and develop/implement strategies for appropriate interventions.
- Drafting and presenting to the Department of Health the community health assessment.
- Promoting and supporting the importance of reducing the health problems to the Department and the community.
- Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

Community Diagnosis

A simple definition used by the North Carolina Center for Health and Environmental Statistics of a community diagnosis is “ a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of qualified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

The final outcome of community diagnosis and its products should:

- Provide justification for budget improvement requests submitted to the State Legislature;
- Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level;
- Serve health planning and advocacy needs at the community level. Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed.

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. This document will explain the community diagnosis process and outcomes for Macon County. We will also provide a historical perspective with details of the council and its formation.

History

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”

The Future of Public Health
Institute of Medicine, 1988

This manual is designed to assist local communities, local and regional health departments, and the state department of health in fulfilling the mission of public health, as defined above. If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. Health care is a very localized phenomenon. The needs and problems of one community may be very different from other communities, even those in close geographical proximity. Community leaders together with local health departments have a responsibility to play key roles in this effort. They should lead their communities in an examination of local health problems and in the development of plans to overcome those problems.

This mission can be accomplished by implementing the three core functions of public health at all levels of government. They are:

Assessment: The assessment function involves the monitoring and surveillance of local problems, the assessment of needs, and the identification of resources for dealing with them.

Policy Development: Policy development goes hand in hand with leadership, which fosters local involvement and a sense of ownership of these policies. It should emphasize

local needs and should advocate an equitable distribution of public resources and complementary private activities commensurate with community needs.

Assurance: Assurance means that high quality services, including personal health services, which are needed for the protection to the community are available and accessible to all persons. Each community should receive proper consideration in the allocation of federal, state, and local funds for health. Each community should be informed about how to obtain public health services and/or comply with health requirements.

In summary, community-based health planning is a process, which assists local citizens in their respective communities to do the following:

- **Identifying the community's health care needs.**
- **Examine the social, economic, and political realities affecting the local delivery of health care.**
- **Determine what the community can realistically achieve in a health care system to meet their needs.**
- **Develop and mobilize an action plan based on analysis for the community.**

The end result of the process should answer three questions for the community:

Where is the community now?
Where does the community want to be?
How will it get there?

The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. The following is the Macon County Community Diagnosis Document, which details the process the Macon County community utilized to assess its strength, weaknesses, and gaps in resources. A very thorough analysis of health statistical data, community surveys, resources, and key leaders perception of Macon County's health care status facing the community is presented in document form to be utilized as a baseline document for public relations, grant applications, and as a foundation of the work plan for the future.

Summary

The Tennessee Department of Health Community Development Staff established the Macon County Health Council in July 1996 with an initial group of eleven key community representatives including the County Executive, Mayor, Hospital Administrator, School Superintendent, and local bank Vice President. The Macon County Health Council has grown to over eighty members whom are actively involved in seeking solutions to their health problems. This council may include but not limited to

various community leaders, school personnel, hospital staff, town mayor, county executive, industry representatives, health care providers, local law enforcement, various community agencies, and other concerned citizens of the community as determined by the council members. (Appendix 1) The Department of Health Community Development Staff facilitates the Community Diagnosis Process that seeks to identify community health care problems by analyzing health statistical data, community surveys, and council perceptions. The initial step in the process is to select a county health council. The basic steps of the Community Diagnosis process are as follows:

- **Assemble the initiating group**
- **Select the County Health Council**
- **Present data to the council**
- **Discuss and define health problems**
- **Analyze the Behavioral Risk Factor Survey**
- **Distribute and analyze the Community Health Assessment Survey**
- **Score/Rank health problems**
- **Design interventions**
- **Develop funding strategies**
- **Assess development and effectiveness of intervention**

During the course of the Community Diagnosis Process, the Macon County Health Council established by-laws (appendix 2) that reflects the mission and goals of the council illustrating their commitment to their community. The council typically meets on the 3rd Tuesday of each month from 12:00 to 1:00 P.M. where meetings are open to the public.

County Description

Geographic

- Macon County borders the Kentucky lines in the upper portion of the Upper Cumberland Region and is surrounded by Sumner, Trousdale, Smith, Jackson, and Clay counties in Tennessee.
- Macon County is located 60 miles northeast of Nashville and 45 miles from Bowling Green, KY.
- The county is approximately 35 miles from interstates 40 and 65.
- The average annual temperature is 57.9 degrees with annual average precipitation being 64.41 inches.

Land Area

- Macon County is a rural farming community consisting of 307 square miles.
- The water supply source for Macon County is two natural springs and the Barron River.
- Macon County is located amidst the Upper Cumberland hills and valleys composing the Highland Rim Plateau.
- Center Hill, Cordell Hull, Dale Hollow, Old Hickory, and Barren River Lakes are within 15 to 35 miles from Lafayette.

Economic Base

- The county's median family personal income \$22,739.
- The county's median household personal income is \$19,147.
- Macon County's per capita personal income is \$10,158.
- The average weekly income is \$358.
- Macon County's total labor force is 8,260 with 7,950 being employed and 310 unemployed.
- The unemployment rate for Macon County is 3.8 percent
- The major employers for Macon County are American Greeting, Fleetwood Homes, Stitches Inc., Lafayette Mfg. Company, and Flex Technologies.

Demographics

- Macon County's public education system consists of one Junior High, Middle School, and High School, and two Elementary Schools.
- Tri-County Vocational School is located in Macon County.
- According to a recent census estimate as of June 30, 1996 Macon County was listed with a population of 17,373, that is a 9.2% increase in six years.

- The median age for individuals living in Macon County is 34.5 years.
- Currently, 2,866 Macon County residents are enrollees on the TennCare Program.

Medical Community

- Macon has one hospital in the county that has 43 licensed beds.
- The majority of Macon County resident's use the local hospital for health needs; second utilization is the Smith County Hospital and third is the Nashville hospitals.
- There are two nursing home facilities in the county those has 162 total licensed beds.
- There are sixteen medical doctors and four dentists practicing in Macon County.

References: Tennessee Department of Health, Upper Cumberland Development District

Community Needs Assessment

Primary Data

Macon County Community Health Assessment Survey

The community health assessment survey provides a profile of perceived health care needs and problems facing the community. Its purpose is to obtain subjective data from a cross section of the health care services, problems and needs in the county. The survey includes questions about the health and social problems affecting the community as well as the availability, adequacy, accessibility and level of satisfaction of health care service in the community. The community survey is not a scientific random sample of the community, however it does represent a cross section of the community, i. e. young families, single parents, the elderly, farmers, business leaders, rural residents, etc. The community development staff distributed the community health assessment survey to the health council members, who then circulated the surveys throughout the community. Results of the survey were tabulated and analyzed using the “Epi Info” computer software. The community development staff presented the final results and analysis of the survey to the county health council. The following list identifies the perceived problems facing the Macon County community based on the survey results.

Smoking	69%	Top Ten Issues Highlighted
Teen Pregnancy	68%	
High Blood Pressure	62%	
Adult Alcohol Abuse	59%	
Unemployment	59%	
Teen Alcohol/Drug Abuse	57%	
Stress	55%	
Heart Conditions	55%	
Adult Drug Abuse	54%	
Obesity	45%	
Smokeless Tobacco	45%	
Lung Cancer	45%	
Breast Cancer	41%	
Depression	41%	
Lack of Sex Education	41%	
Child Abuse/Neglect	41%	
Domestic Violence	41%	
Arthritis	39%	
School Dropout	39%	
Crime	38%	
Poverty	35%	
Diabetes	34%	
Poor Nutrition for Elderly	34%	
Motor Vehicles Deaths	32%	

Sexually Transmitted Diseases	31%
Colon Cancer	30%
Other Cancer	28%
Eating Disorders	28%
Poor Nutrition for Children	27%
Asthma	27%
Prostrate Cancer	26%
HIV/AIDS	24%
Pneumonia	23%
School Safety	20%
Youth Violence	18%
Adult Suicide	17%
Influenza	16%
Hepatitis	14%
Other Accidental Deaths	14%
Water Pollution	14%
Lack of Childhood Vaccinations	13%
Tuberculosis	13%
Teen Suicide	12%
On the Job Safety	11%
Air Pollution	11%
Toxic Waste	10%
Homelessness	10%
Homicide	8%
Gangs	7%

Macon County Availability of Services

“Adequate” (50% or greater)		“Not Adequate” (25% or greater)	
1) Ambulance/Emergency Services	88%	1) Recreational Activities	52%
2) Pharmacy Services	86%	2) Women’s Health Services	51%
3) Home Health Care	84%	3) Specialized Doctors	48%
4) County Health Dept. Services	83%	4) Pregnancy Care	37%
5) Dental Care	78%	5) Pediatric Care	35%
6) Eye Care	67%	6) Local Family Doctors	34%
7) Emergency Room Care	66%	7) Health Insurance	33%
8) Hospital Care	64%	7) School Health Services	33%
9) Nursing Home Care	66%	8) Child Abuse/ Neglect Services	32%
10) Local Family Doctor	61%	8) Alcohol/Drug Treatment	32%
11) Child Day Care	59%	8) Adult Day Care	32%
12) Health Insurance	56%	9) Health Education/Wellness Services	27%
		10) Family Planning	26%

Personal Information

- The majority of the people completing the survey were from Lafayette and 69% have lived in the county for more than ten years.
- The average age for the community participants was between 30-39 years of age with 13% being single and 67% married.
- The participant response noted that 90% had health insurance, 23% were TennCare enrollees, and 5% receive either SSI or AFDC.

The Community Health Assessment Survey was given to the Council members to be distributed to persons residing in Macon County. A total of 128 individuals responded to the survey. The survey findings revealed that the top perceived problems were **smoking, teen pregnancy, unemployment, high blood pressure, and stress.**

Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a random telephone survey coordinated through the Centers for Disease Control, which collects information from adults on health behaviors and knowledge related to leading causes of death in each of the states. About half of all deaths occurring annually are now attributed to modifiable behavioral risks. In addition to determining what types of health risks are most prevalent in the population, the BRFS data will be very useful in determining what types of interventions are most needed for other health problems such as excess deaths from a particular chronic disease. A modified version of the standard BRFS was developed specifically for the “Community Diagnosis” process. Approximately 200 Macon County residents were interviewed for the survey. In addition to the questions on the standard BRFS survey, a series of health issues are listed. The respondent is asked if the issue is a “Definite Problem”, “Somewhat of a Problem”, “Not a Problem”, or “Not Sure”. The findings of the survey revealed that the community perceives the following topics to be **high priority health issues: tobacco use, arthritis, alcohol abuse, cancer, and high blood pressure.**

In analyzing the access to care issues, **access to prenatal care, hospitals, and transportation to health care were perceived as definite concerns.** The list of the health issues with frequency of response as a “Definite Problem” is as follows:

Tobacco Use	59%	Top Ten Issues Highlighted
Arthritis	42%	
Alcohol Abuse	41%	
Cancer	40%	
High Blood Pressure	38%	
Heart Conditions	34%	
Obesity	29%	
Teen Pregnancy	29%	
Drug Abuse	28%	
Health Problems of the Lungs	15%	
Animal Control	11%	
Environmental Issues	10%	
Diabetes	7%	
Mental Health Problems	7%	
Violence in the Homes	5%	
STD’S	3%	
Suicide	2%	
Other Violence	1%	

Macon County's Access to Care Issues Percent Saying Definite Problem

Access to Prenatal Care	12%
Access to Hospitals	11%
Transportation to Health Care	10%
Access to Assisted Living Services	8%
Access to Physicians or Doctors	6%
Access to Nursing Home Care	6%
Access to Dental Care	5%
Access to Birth Control Methods	4%
Access to Pharmacies, medicines	3%

Other Issues to Consider

Tobacco Use

Percent of respondents reporting smoking at least 100 cigarettes in their life:

Yes: 54%

No: 46%

Percent of respondents that report current cigarette use:

Daily Use: 61%

Some Use: 9%

Not At All: 30%

Questions Regarding Mammograms

Percent of women reporting having a mammogram:

Yes: 52%

No: 48%

Reasons reported for not having a mammogram:

Doctor not recommended: 17%

Not needed: 10%

Cost too much: 9%

Too young: 31%

No reason: 29%

Not sure/other: 4%

When was last mammogram performed:

In last year: 52%

1-2 years : 17%

> Than 2 years: 30%

Additional discussion among council members was to look at insurance coverage for Macon residents to include MCO listings and number of TennCare enrollees.

Secondary Data

Summary of Data Use

Health Indicator Trends Macon County, Tennessee Using 3-Year Moving Averages

Pregnancy and Birth Data

Data is based on information from the Office of Vital Records, Tennessee Department of Health. All health indicator trends are formatted into three-year moving averages to reflect a trend over the past ten years.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
1. Number births/1,000 females	Increasing	Above	Above
2. Percent births to unwed women	Increasing	Below	Below
3. Number teenage pregnancies	Stable	Above	Below
4. Number pregnancies/1,000 females	Increasing	Above	Below
5. Number of pregnancies/1000 females ages 10-14	Unstable	Below	Below
6. Number of pregnancies/1000 females ages 15-17	Decreasing	Above	Below
7. Number of pregnancies/1000 females ages 18-19	Increasing	Above	Above
8. Percent pregnancies to unwed women	Increasing	Below	Below
9. Percent of live births classified as low birthweight	Increasing	Above	Below
10. Percent of live births classified as very low birthweight	Increasing	Below	Below
11. Percent births w/1 or more high risk characteristics	Increasing	Above	Above

12. Infant deaths/1,000 births	Stable	Below	Below
13. Neonatal deaths/1,000 births	Stable	Below	Below

In analyzing the pregnancy and birth trends, the council focused on the following trends that showed an increasing indicator:

- Number of births/1000 females
- Percent of births to unwed women
- Number of pregnancies/1000 females
- Number of pregnancies/1000 females ages 18-19
- Percent of pregnancies to unwed women
- Percent of live births classified as low birth weight
- Percent of live birth classified as very low birth weight
- Percent births w/1 or more high risk characteristics

Mortality Data

Using information reported by physicians on death certificates, underlying cause of death is coded by staff in Vital Records. The staff uses National Center for Health Statistics rules for assigning codes for underlying cause of death.

14. White male age-adjusted mortality rate/100,000 population	Decreasing	Above	Above
15. Other races male age-adjusted mortality rate/100,000 population	Unstable	Below	Below
16. White female age-adjusted mortality rate/100,000 population	Increasing	Above	Above
17. Other races female age adjusted mortality rate/100,000 population	Unstable	Above	Above
18. Female breast cancer mortality rate 100,000 women age 40 or more	Unstable	Above	Above
19. Nonmotor vehicle accidental mortality rate	Unstable	Above	Above
20. Motor vehicle accidental mortality rate	Unstable	Below	Above
21. Violent death rates/100,000 population	Unstable	Above	Above

Morbidity Data

Based on the number of incidence (new cases) which occur for a given disease in a specified time frame and the number of prevalence (existing cases) for a disease in a specified time period.

22. Vaccine preventable disease rate/100,000 population	Stable	Below	Below
23. Tuberculosis disease rate/100,000 population	Decreasing	Below	Below
24. Chlamydia rate/100,000 population	Increasing	Below	Below
25. Syphilis rate/100,000 population	Stable	Above	Below
26. Gonorrhea rate/100,000 Population	Stable	Below	Below

Healthy People 2000 Objectives

In 1991, the Public Health Service of the U.S. Department of Health and Human Services published Healthy People 2000: National Health Promotion and Disease Prevention Objectives. That report was intended to assist both health providers and consumers in addressing measurable targets to be achieved by the year 2000. The data contained in this report addresses health status indicators for births, deaths, selected diseases, and external influences. The following is a comparison of the objectives to Macon County. The data used for Macon County is based on 1994-96 three year moving averages.

Healthy People 2000 Compared to Macon County

Health Status Indicators	Macon County Rate	Tennessee Rate	Nation's Rate
Death from all causes	587.8	563.1	No Objective
Coronary Heart Disease	103.9	134.8	100
Deaths from Stroke	33.4	34	20
Deaths of Females from Breast Cancer	31	22.4	20.6
Deaths from Lung Cancer	57.2	47.5	42
Deaths from Motor Vehicle Accidents	20.2	23.6	16.8
Deaths from Homicide	6.4	12.1	7.2
Deaths from Suicide	18.7	12.6	10.5
Infant Deaths	9.7	9.6	7.0
Percent of Births to Adolescent Mothers	6.1	6.6	none
Low Birthweight	8.8	8.7	5.0
Late Prenatal Care	19.7	19.9	10.0
Incidence of AIDS	*	14.1	-----
Incidence of Tuberculosis	15.7	11.6	3.5

* Three-year cumulative total cases are less than 5.

The indicators that are in bold are Macon County's rate's that are above the state's objectives according to Tennessee's Healthy People 2000.

List of Data Sources

TN Department of Health Office of Vital Records
TN Department of Health Picture of the Present, 1997
TN Department of Health, Health Access
TN Department of Economic and Community Development
Upper Cumberland Development District
Healthy People 2000

Health Issues and Priorities

Community Process

In summary, the Health Indicator Trends that have shown an increasing trend over the past 10 years are as follows:

- **Number of births/1000 females**
- **Percent births to unwed women**
- **Number pregnancies/1000 females**
- **Number pregnancies/1000 females ages 18-19**
- **Percent pregnancies to unwed women**
- **Percent of live births classified as low birth weight**
- **Percent of live births classified as very low birth weight**
- **Percent births w/1 or more high risk characteristics**
- **White male age-adjusted mortality rate/100,000 population**
- **White female age-adjusted mortality rate/100,000 population**

After a thorough analysis of all data sets, Behavioral Risk Factor Survey, and Community Health Assessment Survey, the council established priorities among a multitude of problems. The following health priorities and their related recommendations are listed below. In order to ensure that all health problems are addressed in the same way, the council utilized a process that is objective, reasonable, and easy to use. The method that was used sets priorities based on the size and seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. All issues were identified through the council's discussion, review of the data, and other related "Data Analysis" in the previous section.

**MACON COUNTY
PRIORITIZATION TABLE**

Council Ranking	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
(1) Tobacco Use/Smoking	(1)	(1)	<p>A) Malignant Neoplasms (Cancer) increasing (age 25-44, 45-64, 65+) Mortality Rates</p> <p>B) Bronchitis in ages 45-64 and 65+ showed dramatic increase in 1989-91, but have since leveled off. (Mortality Rates)</p> <p>C) Malignant Neoplasms showed increase in 1991-93, 92-94 in regards to leading causes of death based on years of productive life lost.</p>
(2) Teen Alcohol Abuse	(3) (Addressed total alcohol abuse)	(4)	A) Chronic Liver Disease and Cirrhosis peaked in 1989-91 in ages 45-64, has since leveled off.
(3) Adult Alcohol Abuse	(3) (Addressed total alcohol abuse)	(8)	B) Upper Cumberland Region ranked 4 th in State in alcohol related crashes (9.1%)
(4) High Blood Pressure	(5)	(3) (4) Stress Ranked 4 th	<p>A) Cerebrovascular Disease Mortality rate showed increase in ages 25-44 in 1990-92, 92-94; in ages 45-64 showed increase in 1989-91, 90-02, and has since leveled off; in Ages 65+ showed increase in 1989-91, 90-92 and has since leveled off.</p> <p>B) Cerebrovascular Disease leading cause of death based on years of productive life lost showed increase in 1990-92 and has since leveled off for the total Macon population.</p>
(5) Teen Drug Abuse	(8) (Addressed Teen Alcohol/Drug Abuse)	(4) (Addressed Teen Alcohol/Drug Abuse)	Reference Hand Outs from “Health Status of Tennesseans”
(6) Breast Cancer	(4) (Addressed Cancer as a Whole)	(9)	Female Breast Cancer Mortality Rate ages 40 years and older showed dramatic increase above the State and Region in 1988-90; declined in 1989-91 to 1990-92. Has shown steady increase since 1992-94 and is equal to the Region and above the state.
(6) Heart Conditions	(6)	(5)	Diseases of the Heart significant increase in ages 25-44 mortality rates since 1990-93, mortality rates doubled in 1992-94.

			Increase in mortality rate ages 45-64 from 1990-92 to 1991-93 and leveled off in 1992-94. In ages 65+ mortality rates have leveled off in last 10 years.
(7) Teen Pregnancy	(7)	(2)	Teen pregnancy Rates have remained stable since 1988-90 to 1992-94. Rates have remained above the Region over a 10-year period and the 95 rate remains above the Region but has dropped below the State's rate.
(7) Adult Drug Abuse	(8) (Addressed total drug abuse)	(8)	Reference Hand Outs from "Health Status of Tennesseans"

Council Ranking	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
(8) Obesity	(7)	(10)	See Heart Condition: Diseases of the Heart trends See High Blood Pressure: Cerebrovascular Disease trends
(9) Number of Births per 1,000 Females			A) Total number of births ages 10-44 per 1,000 females has increased since 1990-92 and is above the State's rate for 1993-95. B) See Teen Pregnancy Rates as mentioned. C) Percent of Births to Unwed Mothers ages 10-44 has decreased since 1991-93 and is lower than the State and the Region.
		Unemployment (2)	6.7% Unemployment Rate
		Crime (4)	Increase in Juvenile Crimes
		Poverty (6)	19.3% Population Impoverished
		Motor Vehicle Deaths (6)	Mortality rates have remained above the State and the Region since 1983-85. Rates have shown a dramatic increase since 1989-91, well above the State and the Region. Rates have declined slightly since 1991-93 but remains above the State and the Region. Refer to Hand Outs from "Health Status of Tennesseans"
		School Dropout (7)	1996 Data: Number one in the region for rates of school dropouts.

Macon County Priorities

The council members had an active interest in pursuing the issue of a comprehensive school health program and determined that this program could be an effective way to address healthy lifestyles among children and families. After numerous council discussions a letter of support from the council was drafted and sent to the Macon County Board of Education and Macon County Commission. The Superintendent of Schools along with the Hospital Administrator formed a contract with the school system and Macon County General Hospital for school nurse services. The following summarizes the steps taken by the Health Council:

Macon County Comprehensive School Health Program

Goals for 1997-1998:

- **Develop a Comprehensive School Health Program through community awareness and involvement.**
- **Marketing Strategies community wide**
- **Develop relationships between school nurse, faculty, staff, student and family**
- **School Health Advisory Council**
- **Develop a school health needs assessment**

Accomplishments and Outcomes for 1997-1998:

- **Regular feature stories to both newspapers about the school health program and the nurses services**
- **Presentations by school nurses to civic and community groups about the school health program and its needs**
- **Home visits to families of students with chronic problems**
- **Health promotion presentations and counseling to faculty, staff, and students**
- **An excess of \$3,000 worth of equipment and supplies donated by several businesses and civic organizations**
- **An excess of \$1,500 donated to ordered and administer Hepatitis B vaccine to appropriate personnel**

Goals of 1998-1999 school year:

- **To improve follow up on a screening referrals**
- **To increase home visits to children with chronic problems from both the general and special needs student populations**
- **To decrease the incidence of lice and decrease the number of absences related to lice infestation**
- **To attend all IEP-Team meetings**

- Follow up with home visits and other communication methods to all home bound students
- Attain 100% immunization compliance in K, 4th, 8th, and 12th grades

In order to accomplish these goals, the Macon County Comprehensive School Health Program is requesting an increase in the number of licensed school nurses.

Presently a recommendation is being made on behalf of the Macon County Comprehensive School Health Program to the Tennessee General Assembly to require 1 Registered Nurse to 1,500 students.

During this timeframe, the Council also addressed the issue of domestic violence based on the survey analysis and law enforcement data collected dealing with domestic violence cases. After open discussion among council members it was decided to form a domestic violence subcommittee that would encourage awareness of signs and symptoms of abuse along with a mechanism of a referral network. The objective was to develop a community network to include local law enforcement, churches, school and local judges and to collaboratively work together on ideas to address this issue. The committee was established and the steps toward the action plan were initiated as follows:

Macon County Domestic Violence Plan of Action

Recommendations for Housing/Assistance for Domestic Violence Victims:

- Contact local family members or friends who would be willing to provide temporary housing
- Use apartment at Macon Helps
- Church of Christ Fellowship Hall (may not always be available)
- Volunteer (who will be reimbursed) to provide very short-term housing, example – garage apartment, basement
- Hotel or Motel to house victims
- Assistance with transportation to out of town or out of state relatives or friends by providing one way non-refundable tickets
- Offer Counseling to victims
- Education on Domestic Violence presented to High School students
- Local churches to sponsor a marital relationship/conflict resolution program

Letters were drafted and sent to the local school system, local judges, and law enforcement recommending plan of action. Currently, the Health Council's Domestic Violence subcommittee will follow-up on any plans of action being implemented within the community.

To ensure the accuracy of the council's ranking, the prioritization table provided a means of comparison of all top issues addressed. After reviewing and analyzing all primary and secondary data and open discussion among the health council members it was decided that the following list has been designated as top issues in the county:

Tobacco use/Smoking
Teen Alcohol Abuse
Adult Alcohol Abuse
Breast Cancer
High Blood Pressure
Heart Conditions
Teen Pregnancy
Obesity
Teen Drug Abuse
Adult Drug Abuse
Motor Vehicle Deaths
School Dropouts
Crime

The Macon County Health Council voted on and approved to focus on the following top three issues:

Teen substance abuse, School Drop Out, Crime

Teen Pregnancy

Wellness issues (obesity, high blood pressure, and heart conditions)

Future Planning

Through the Community Diagnosis Process, it was determined that the top issues of concern are **teen drug/alcohol abuse, school dropout and crime in Macon County**. The future plans of the Macon County Health Council are to go through the action steps.

Taking Action Outline

The *Taking Action* cycle is a systematic approach to problem solving. There are five phases of the cycle:

A	Phase 1	<u>A</u> ssess the Situation
C	Phase 2	Determine <u>C</u> auses
T	Phase 3	<u>T</u> arget Solutions
I	Phase 4	Design <u>I</u> mplementation
ON	Phase 5	Make it <u>O</u> ngoing

Phase 1 Assess the Situation

- Identifying priority health issue.
- Answering the question, "How does the priority health issue affect your community?"
- Writing mission statement based on answers to questions.
- Making decision to pursue health-related concern or to select another ingredient to work on.
- Listing community resources that could be applied to the priority health issue.
- Developing answers to the following questions:
 - Who** are the people/group being targeted?
 - What** do they need?
 - Where** do they need it?
 - When** is it needed?
- Identifying additional data and ways to gather information.

Phase 2 Determine Causes

- Reviewing who, what, where, and when for current health concerns and introduction to the "why".
- Discussing possible causes and the difference between a cause and a symptom.
- Listing causes of the problem, grouping them, and identifying the ones that are creating the problem issue.
- Identifying additional data that may be needed from the target group.

Phase 3 Target Solutions and Ideas

- Targeting a solution.
- Identifying potential solutions that offer the greatest benefit for the causes.
- Listing possible barriers to the solution and actions to correct them.
- Developing criteria for a good solution.
- Revising the health-related concern into a problem statement which includes health-related concern, the target population, the cause(s), and the solution or plan of action.

Phase 4 Design Implementation, the Action Plan

- Setting goals and objectives.
- Forming work groups for the following categories: community partners, equipment needs, time lines, marketing plan, and staff needs/training.
- Presenting group/committee reports.
- Finalizing content of the categories.
- Restating goals and objectives.
- Forming budget group.

Budget revisions and final approval of *Action Plan*.

Phase 5 Make it Ongoing.

Forming committees for:

- Evaluation
- Development/Sustainability
- Strategies for short and long term funding options.

Appendices

Appendix 1

Council Makeup

Macon County Health Council

Willa Brewer
Macon County Health Department
P.O. Box 26
Lafayette, TN 37083

Dr. Wilbert Brooks: Physician
209 College Street
Lafayette, TN 37083

Regina Cassety
Macon County Brd of Education
Lafayette, TN 37083

Nyoka Cherry: RHI Board Rep. Head Start
501 College Street
Lafayette, TN 37083

Debbie Tirjan: Parent Family Support
1600 Dotson
Lafayette, TN 37083

Wynona Claiborne: School System
P.O. Box 338
Lafayette, TN 37083

Trena Bray: School Health
Macon County General Hospital
P.O. Box 378
Lafayette, TN 37083

The Honorable W.T. Colter: Mayor
200 East Locust Street
Lafayette, TN 37083

Cheryl Crouch
Cordell Hull Head Start
P.O. Box 68
Lafayette, TN 37083

Janice York: School Health
Macon County General Hospital
P.O. Box 378
Lafayette, TN 37083

Joyce Draper: Director
Macon County Health Department
P.O. Box 26
Lafayette, TN 37083

Ron Robertson
Lafayette Church of Christ
212 Church Street
Lafayette, TN 37083

Doyle Gaines
County Executive
201 Macon County Courthouse
Lafayette, TN 37083

Dolly Lee: Senior Citizen
707 Music Row Road
Lafayette, TN 37083

Dr. Robert Grummon: Physician
P.O. Box 130
Lafayette, TN 37083

Christine Harris: Retired DHS
P.O. Box 37
Lafayette, TN 37083

Lanny Hudson: Pharmacist
Main Street
Red Boiling Springs, TN 37150

Charlie Darnel
Citizens Bank
Hwy 52 By Pass
Lafayette, TN 37083

Sherry Jent: Health Dept.
Route 4, Williams Road
Lafayette, TN 37083

Steve Jones
Macon Cnty Ambulance Service
30 Weldon Drive
Lafayette, TN 37083

Dianne Jones
Macon County High School
P.O. Box 338
Lafayette, TN 37083

Roland and Dovie Kirby: Retired
1009 King Road
Lafayette, TN 37083

Truett Langston
Macon County Times
P.O. Box 69
Lafayette, TN 37083

Carolyn O'Neal: High School Principal
P.O. Box 338
Lafayette, TN 37083

Rita Crabtree: Administrator
Palace Nursing Home
P.O. Box 150
Red Boiling Springs, TN 37150

Gladys Swindle: Vice-Chairperson Bank
670 Galen Road
Lafayette, TN 37083

Sandra Richardson
Department of Human Services
P.O. Box 377
Lafayette, TN 37083

Julie Veness
March of Dimes
1200 Mountain Crk.Rd., Suite 130
Chattanooga, TN 37405

Lona Vinson: Chamber
208 Church Street
Lafayette, TN 37083

Dennis Wolford: Administrator
Macon Cnty General Hospital
P.O. Box 378
Lafayette, TN 37083

Jimmy Wheeley: School Supt.
1217 Flippin Drive
Lafayette, TN 37083

Brenda Hiett: Phone Co.
539 Greenwood Drive
Lafayette, TN 37083

Beverly Walker
Knollwood Manor
405 Times Avenue
Lafayette, TN 37083

Reba Bellar: Judge/Community Leader
1603 Anders Lane
Lafayette, TN 37083

Sandy Wells: Community Leader
1602 Ellington Drive
Lafayette, TN 37083

Carolyn Blankenship
Comprehensive Rehab.
306 W. Locust Street
Lafayette, TN 37083

Greg Lewis
Valley Ridge Mental Health Center
P.O. Box 297
Lafayette, TN 37083

Erskine People
BlueCare
801 Pine Street
Chattanooga, TN 37402-2555

Ronald Swindle
Dept. of Corrections
211 Public Square, Suite D
Lafayette, TN 37083

Stephanie Meador
Macon County High School
P.O. Box 338
Lafayette, TN 37083

Georganna Boles
Macon County High School
631 Bethany Rd.
Red Boiling Springs, TN 37150

Becky Hawks, TN Dept. of Health
Cordell Hull Building, 4th Floor
425 5th Ave. North
Nashville, TN 37247

Debbie Prock
Board of Education
501 College Street
Lafayette, TN 37083

Dewayne Reecer
Valley Ridge Mental Health Center
P.O. Box 297
Lafayette, TN 37083

Robin Gregory: DARE Officer
1206 Porter Road
Lafayette, TN 37083

Sandra Claywell
Macon County Health Department

Kimberly Freeland
Regional Health Office

Jane Biles
Westside Elementary
8025 Old Hwy 52
Westmoreland, TN 37186

Anna Dean Carter
Regional Health Council Member
209 Donoho Ave.
Lafayette, TN 37083

Lois Vaughn
Macon County General Hospital
P.O. Box 378
Lafayette, TN 37083

Charles Biles
Board of Education
501 College Street
Lafayette, TN 37083

Linda Maggart
Dept. of Children Services
P.O. Box 377
Lafayette, TN 37083

Cindy Bohannon
Macon County Jr. High
1003 Hwy 52 Bypass East
Lafayette, TN

John Spencer
American Greetings
601 Oak Street
Lafayette, TN 37083

Julia Marshall
Macon County Public Library
311 Church Street
Lafayette, TN 37083

Steve Walker
Agriculture Extension Services
113 East Locust Ave.
Lafayette, TN 37083

Helen Houser
Cordell Hull Head Start
P.O. Box 68
Lafayette, TN 37083

Kim Kompel: Health Educator
Smith County Health Department

Dr. Sue Van Blaricum: Physician
412 College Street
Lafayette, TN 37083

J. L. Watson
Macon County Board of Education
501 College Street
Lafayette, TN 37083

Mayor John Cook
P.O. Box 190
Red Boiling Springs, TN 37150

Sheriff Joe Ferguson
201 Main Street
Lafayette, TN 37083

Mayor Willa Gray Knight
Red Boiling Springs City Hall
P.O. Box 190
Red Boiling Springs, TN 37150

Dr. Bonnell McBroom
1001 Scottsville Road
Lafayette, TN 37083

Linda McCrary
Character Counts
P.O. Box 375
Red Boiling Springs, TN 37150

Buffalo Valley, Inc.
P.O. Box 117
501 Park Avenue South
Hohenwald, TN 38462

Jean Chitwood: Concerned Citizen
994 B Hwy 52 Bypass East
Lafayette, TN 37083

Loryn Atwell: Fire Department
1400 Hollis Lane
Lafayette, TN 37083

Judge Kenneth Witcher
202 County Courthouse
Lafayette, TN 37083

Gayle Stinson
Macon General
P.O. Box 378
Lafayette, TN 37083

Angie Beaty
American Cancer Society
508 State Street
Cookeville, TN 38501
Lori Forkum
Macon County Health Department

Buford Wix, Chief of Police
201 East Locust Street
Lafayette, TN 37083

Gene Carter: Post Office
1057 Willette Road
Red Boiling Springs, TN 37150

Wayne Holand: Home Health
5925 Oak Grove Road
Red Boiling Springs, TN 37150

Appendix 2

By Laws for Macon County Health Council

ARTICLE I. NAME

The name of this organization shall be MACON COUNTY HEALTH COUNCIL (hereafter referred to as “COUNCIL”) and will exist with the geographic boundaries of MACON County, Tennessee. The council shall exist as a non-incorporated, not-for-profit, voluntary membership community service organization.

ARTICLE II. MISSION

The Macon County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability, accessibility and affordability of quality health care within the Upper Cumberland Tennessee Public Health Region.

ARTICLE III. GOALS

The goals of the Council are to assess the present and future health care needs of the Macon County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific health care problems within the community. From its analysis, the Council will: (1) formally define health care problems and needs within the community, (2) develop goals, objectives and plans of action to address these needs, and (3) formally identify all resources which are available to affect solutions.

ARTICLE IV. OFFICERS

Section 1: Officers

The officers of the council shall consist of the Chairperson, Vice-Chairperson, Secretary/Treasurer.

Section 2: Chairperson

The Chairperson will be elected by majority vote of the Council from nominees among its members. The Chairperson will preside over all meetings of the Council and will set the agenda for each meeting.

Section 3: Vice-Chairperson

The Vice-Chairperson will be selected by majority vote of the Council from nominees among its members. The Vice-Chairperson will preside in the absence of the Chairperson and assume duties by the Chairperson.

Section 4: Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the form of minutes, and will issue notice of all meetings and perform such duties as assigned by the Council. The Secretary/Treasurer shall keep account of all money arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall issue a financial report to the membership. The Secretary/Treasurer shall perform such duties incidental to this office.

Section 5: Term of Office

Officers shall be elected at the meeting in or following July of each year for a term of one year. Officers may be re-elected to serve additional terms.

ARTICLE V. MEMBERS

Membership in the Council shall be voluntary and recommended by the current council. The Board of Directors will be composed of the current members of the Council. The Council shall consist of an adequate number of voting members as to be effectively representative of all segments of the community. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds.

ARTICLE VI. MEETINGS

Section 1: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every two (2) months, to be held at a time and place specified by the Council Chairperson. All council meetings will be open to the public and at a location which is

available to all community residents who might seek health care services. All meetings will be appropriately announced as a public notice.

Section 2: Special Meetings

The Council Chairperson may call a special meeting, as desired appropriate, upon five days written notice to the membership.

Section 3: Quorum

A quorum shall consist of a majority of voting members present at the Council meeting.

ARTICLE VII. COMMITTEES

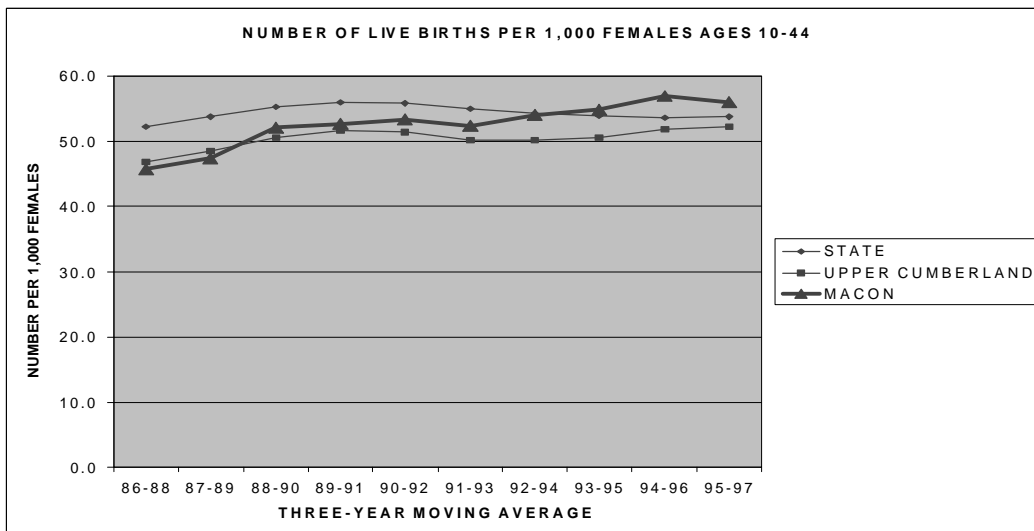
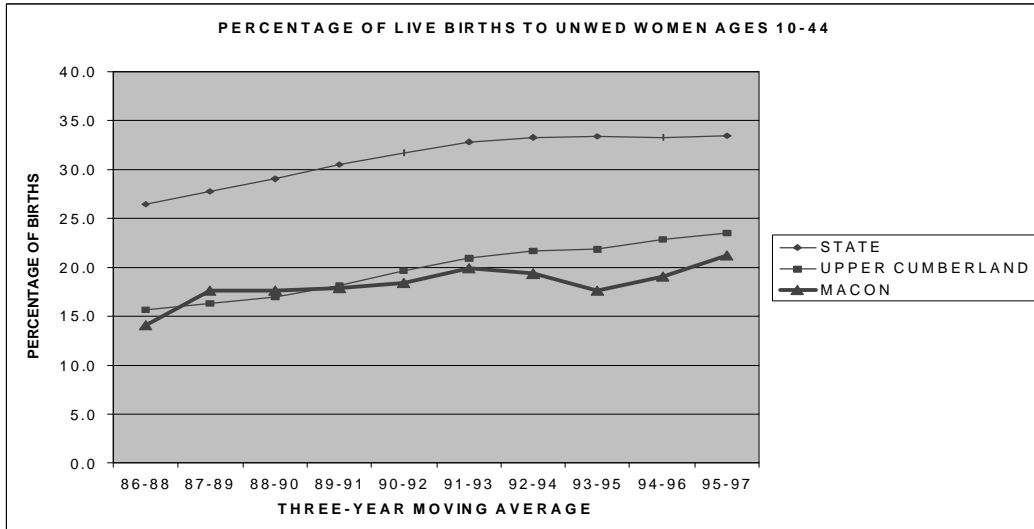
The Council may establish such standing or special committees as deemed appropriate for the conduct of its business. Committee membership will be assigned by the Chairperson and may consist of both Council members and other concerned individuals who are not members of the Council.

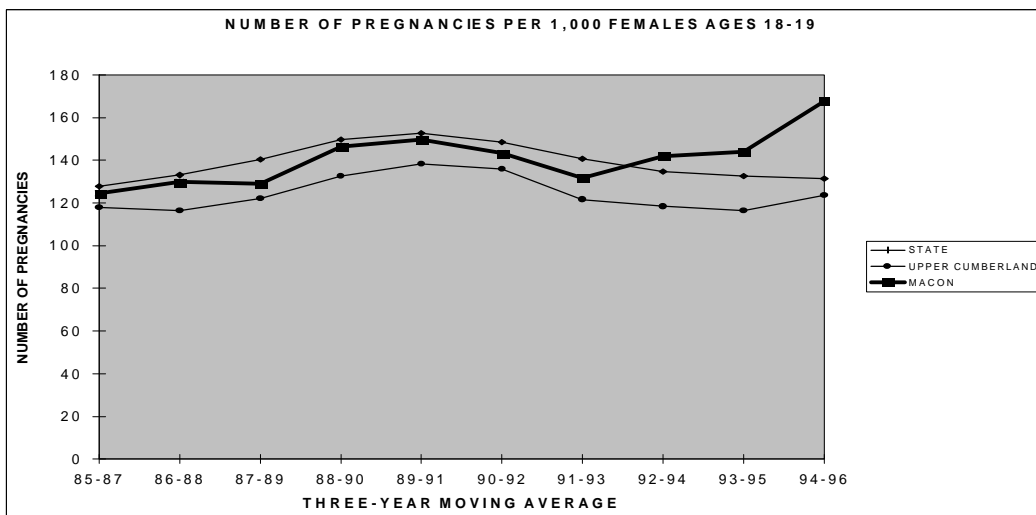
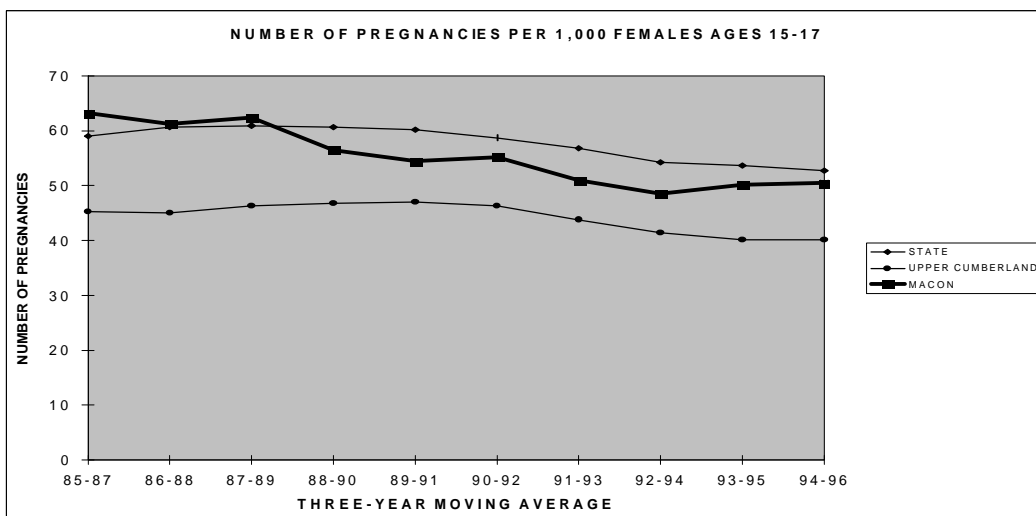
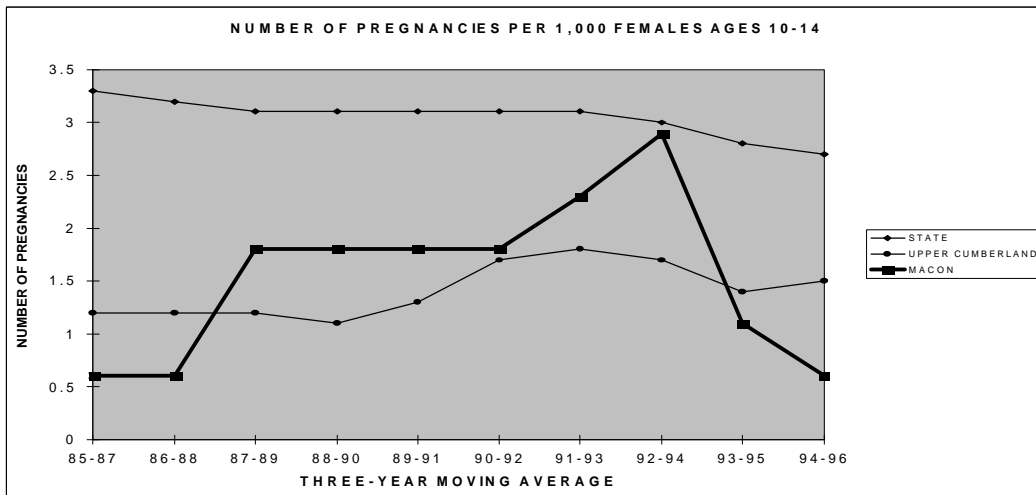
ARTICLE VIII. APPROVAL AND AMENDMENTS

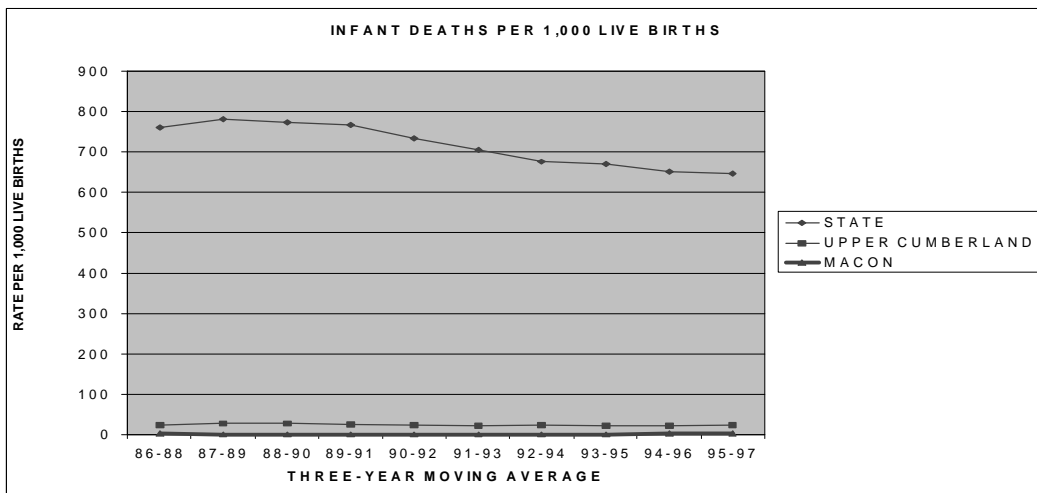
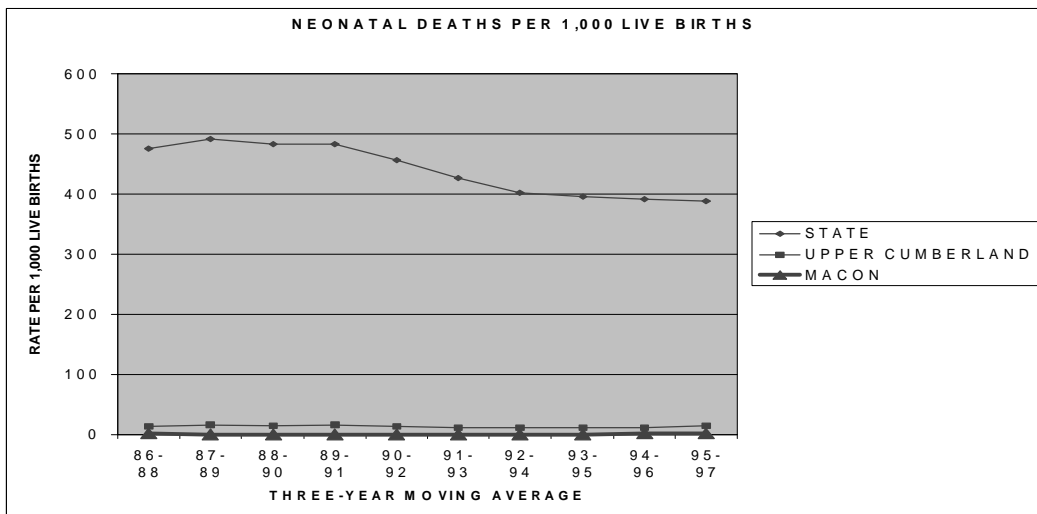
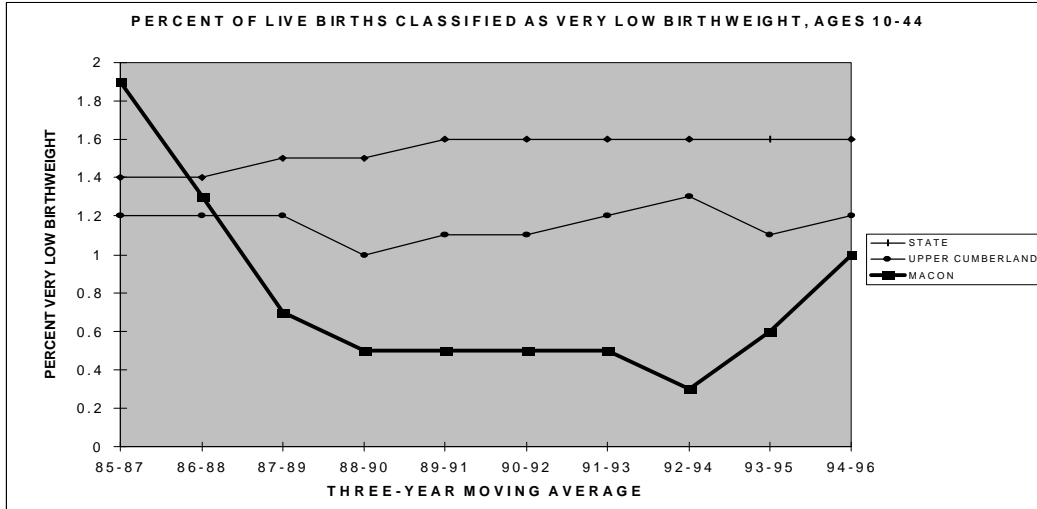
These Bylaws will become effective upon approval by a majority vote of the membership of the Council. Thereafter, these Bylaws may be amended or repealed at any regular or special meeting called for the purpose by a majority vote of the voting members present, provided that the proposed additions, deletions or changes have been submitted in writing to all Council members not less than thirty (30) days prior to the meeting at which formal action on such amendments are sought.

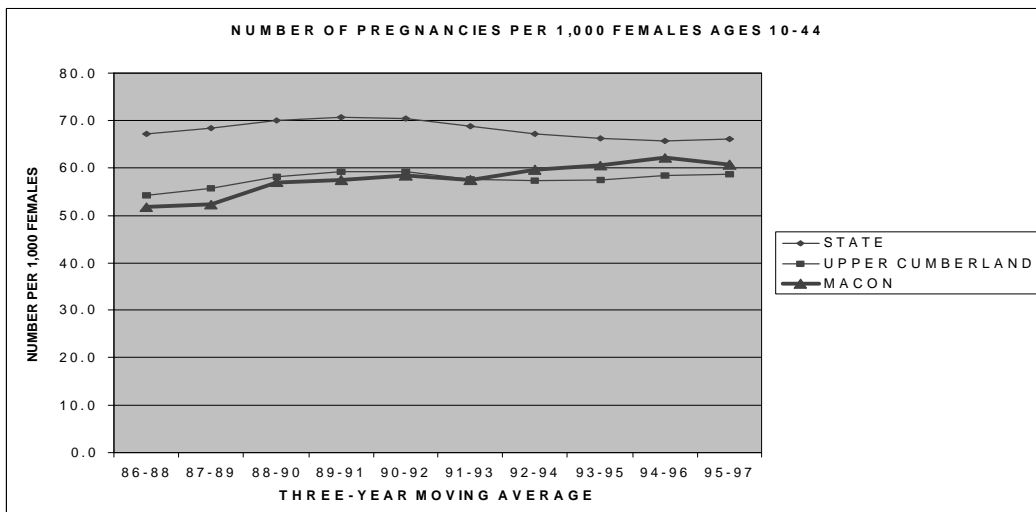
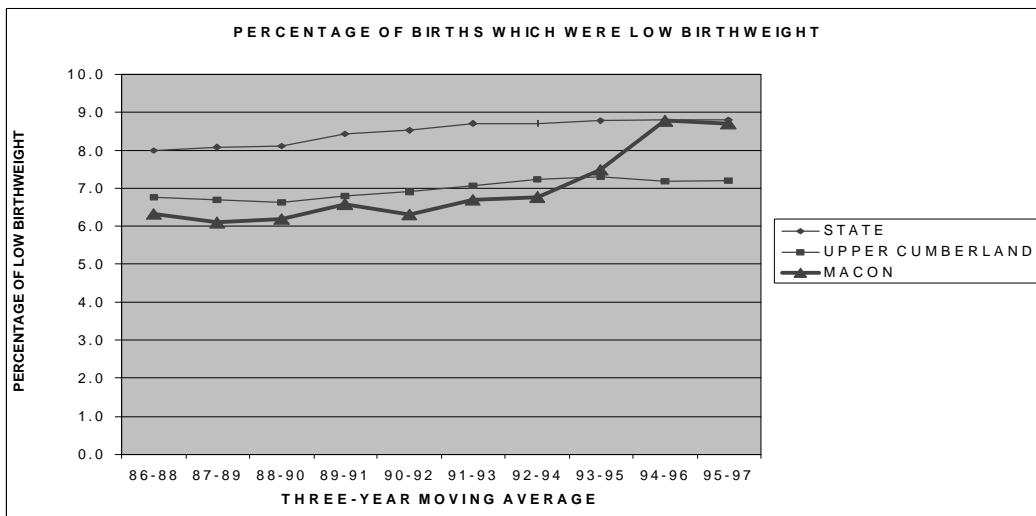
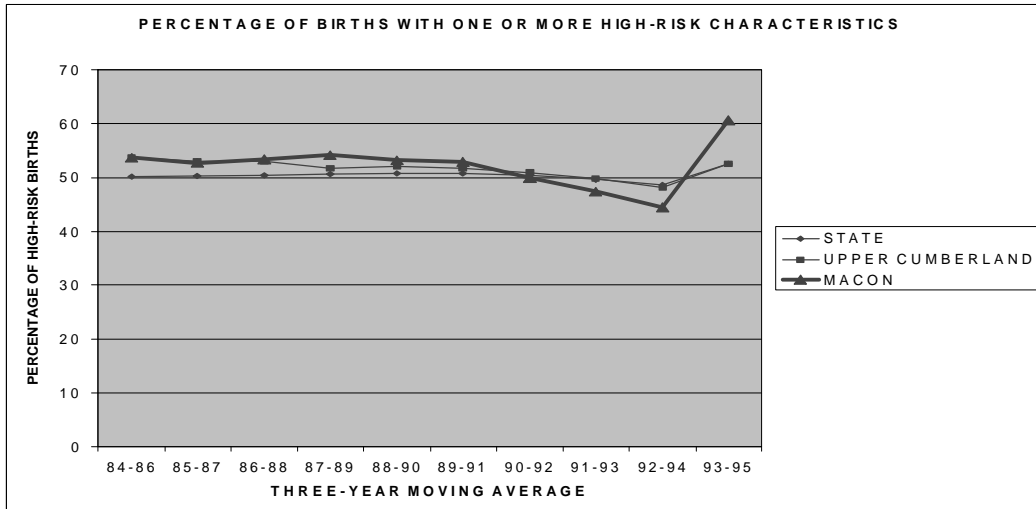
Appendix 3

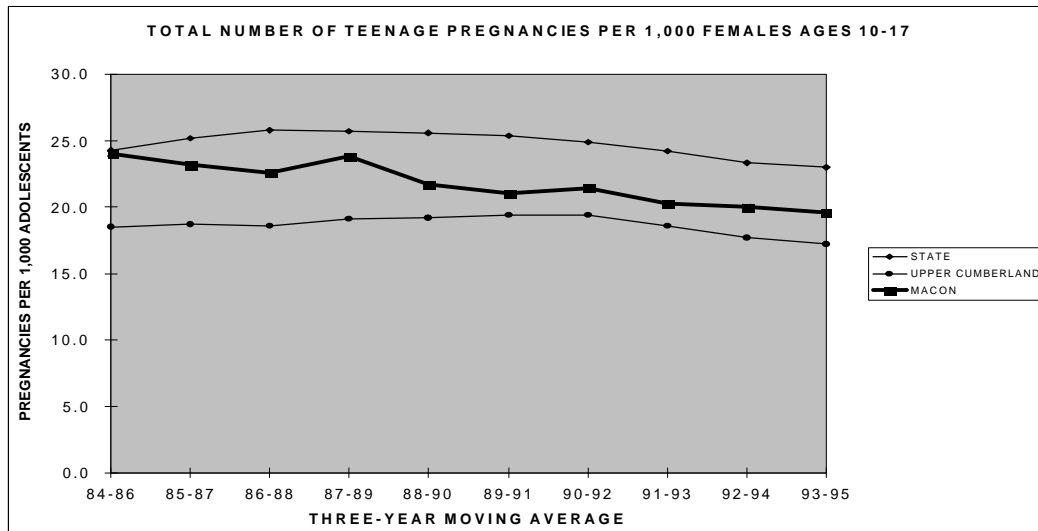
Pregnancy and Birth Data





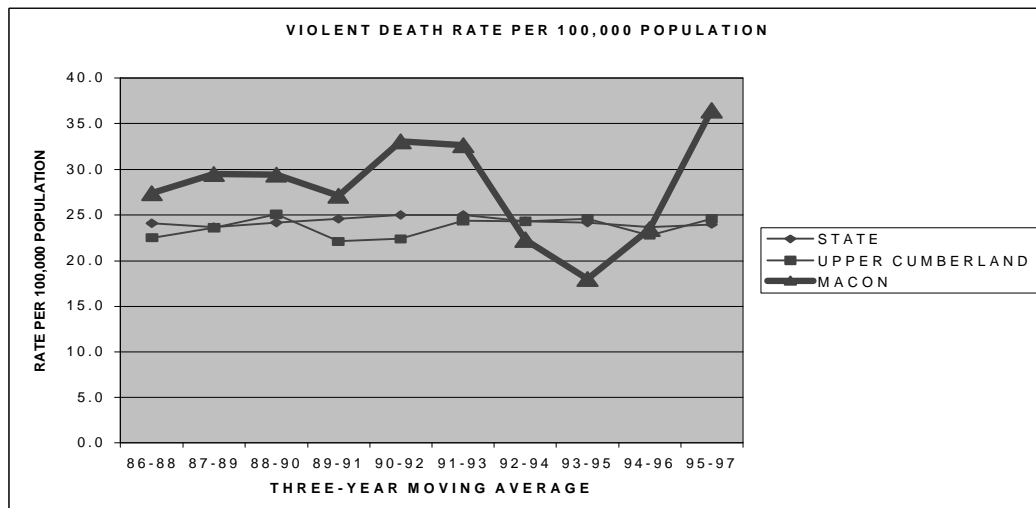
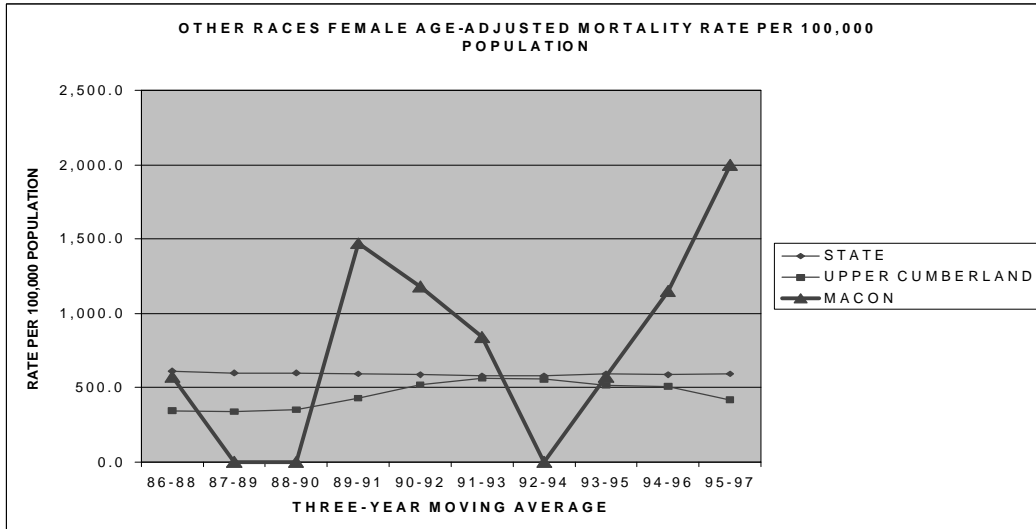


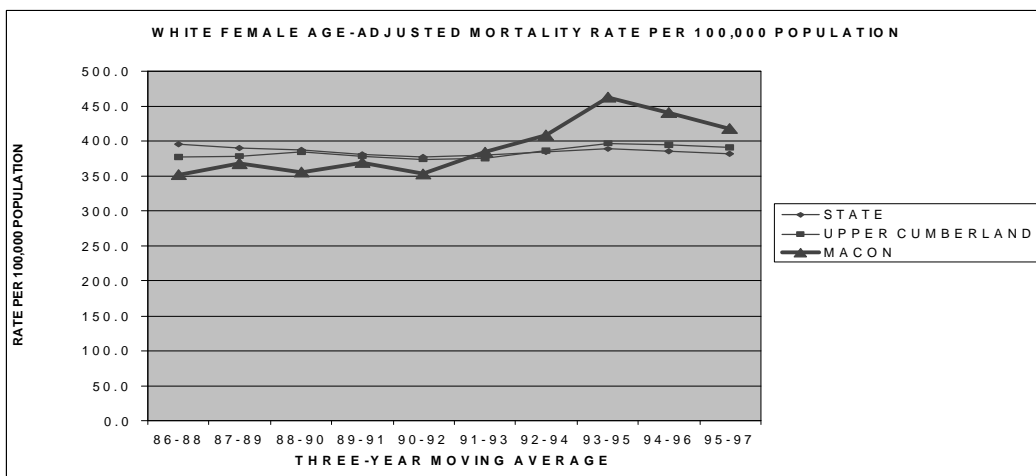
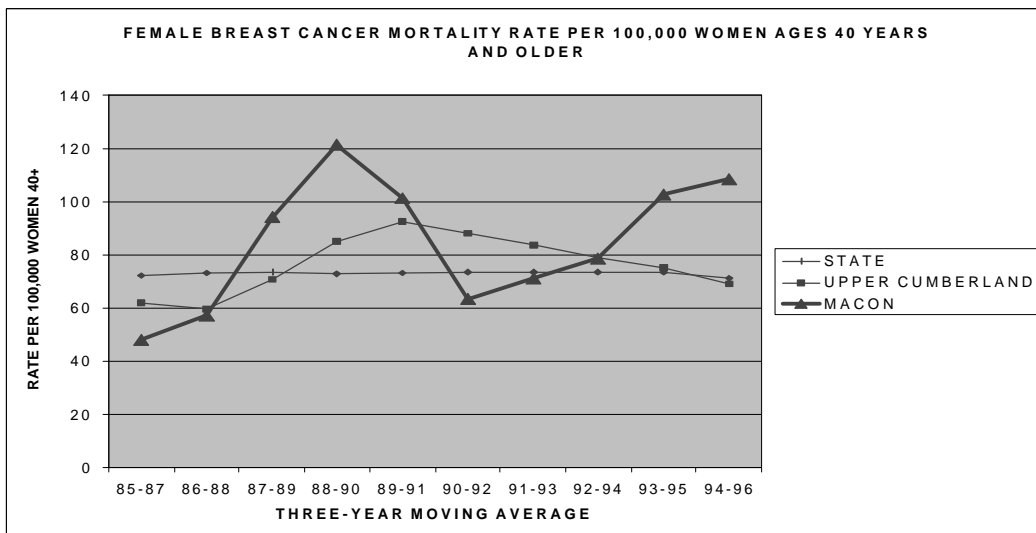
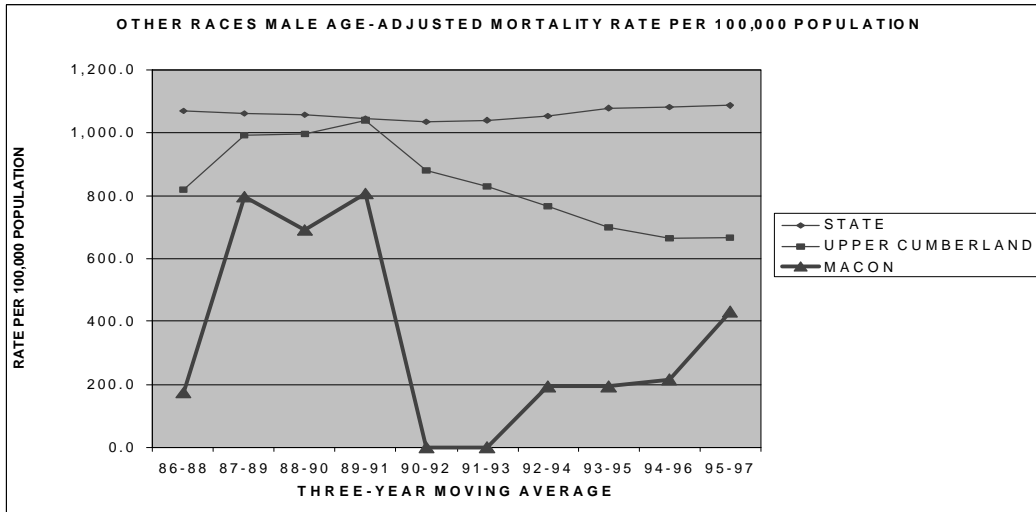


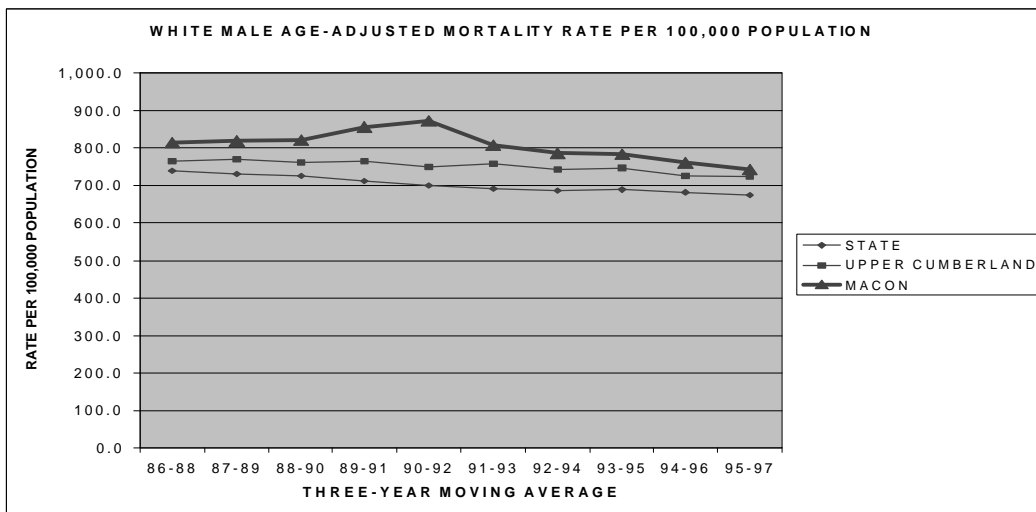
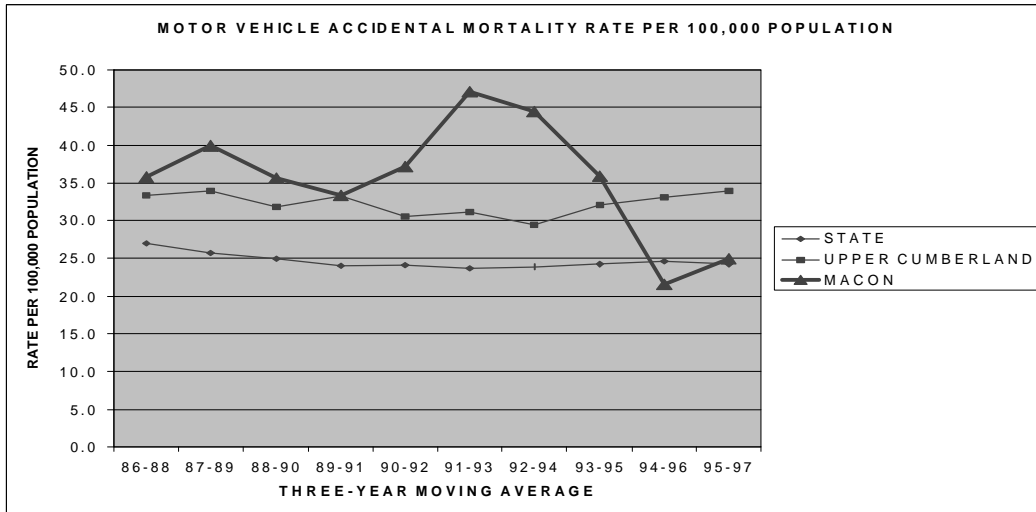


Appendix 4

Mortality Data

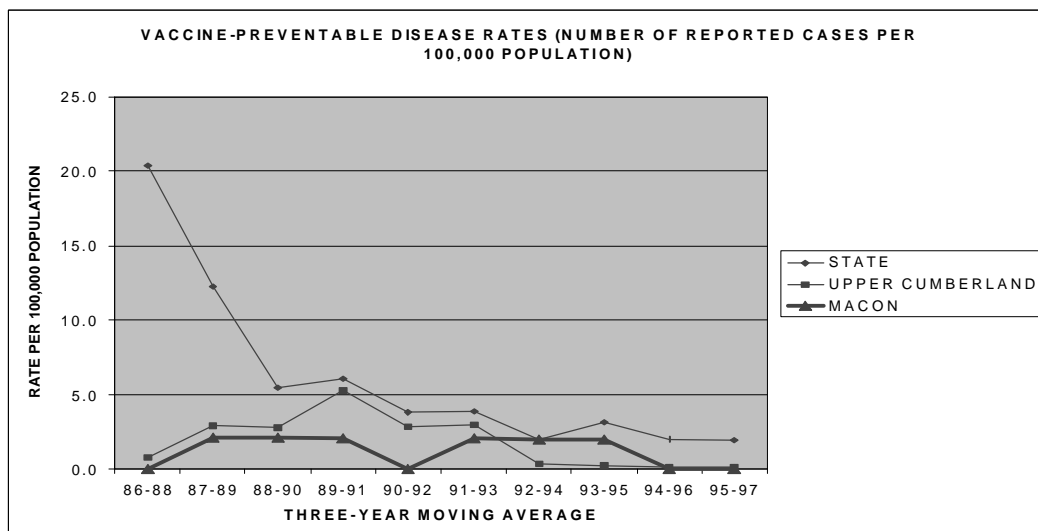
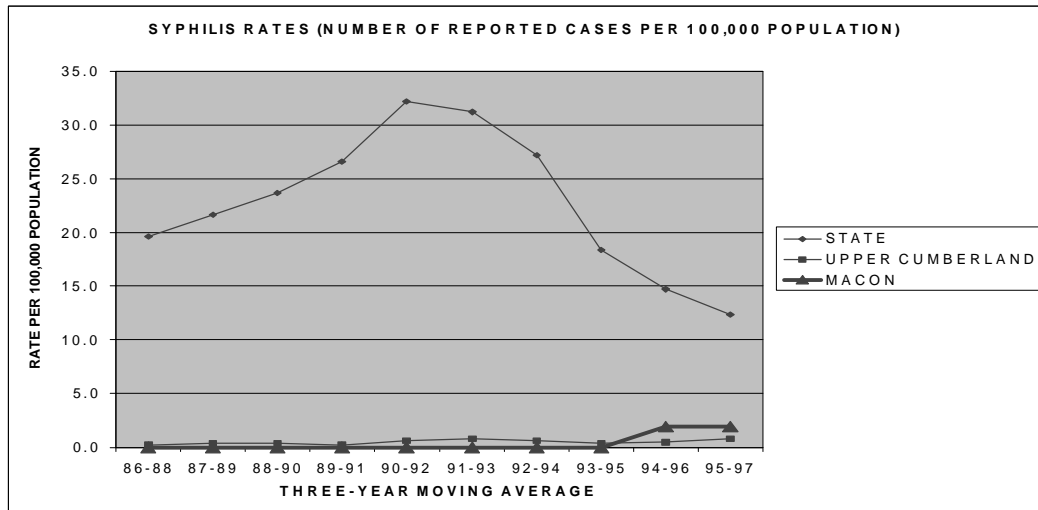


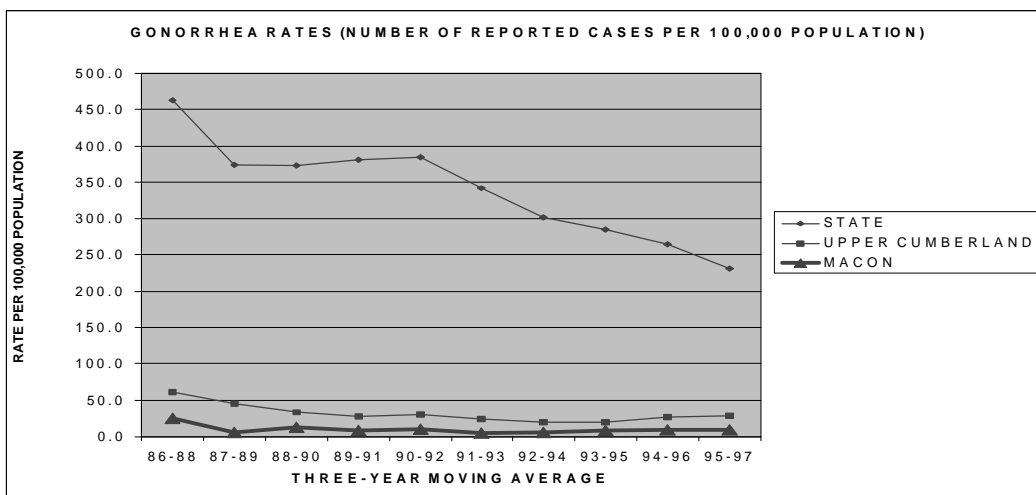
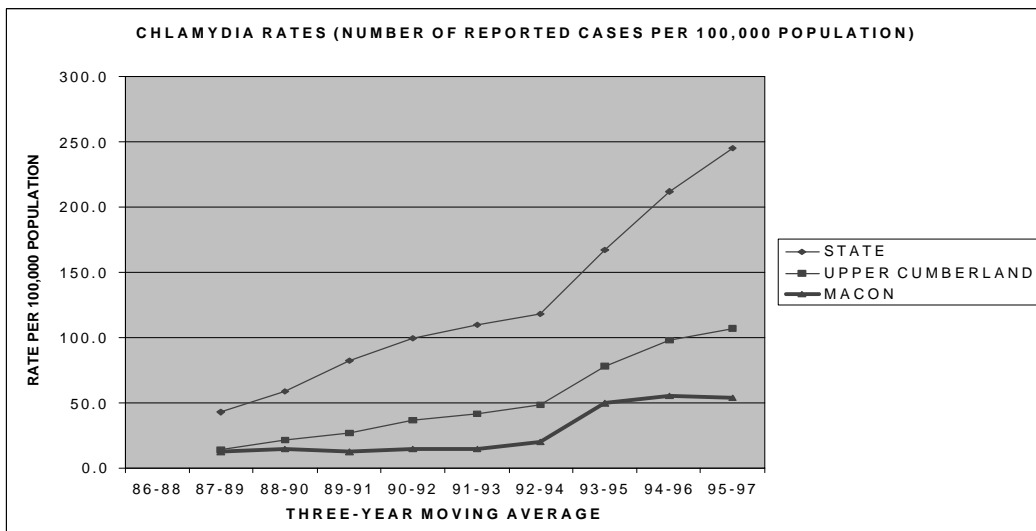
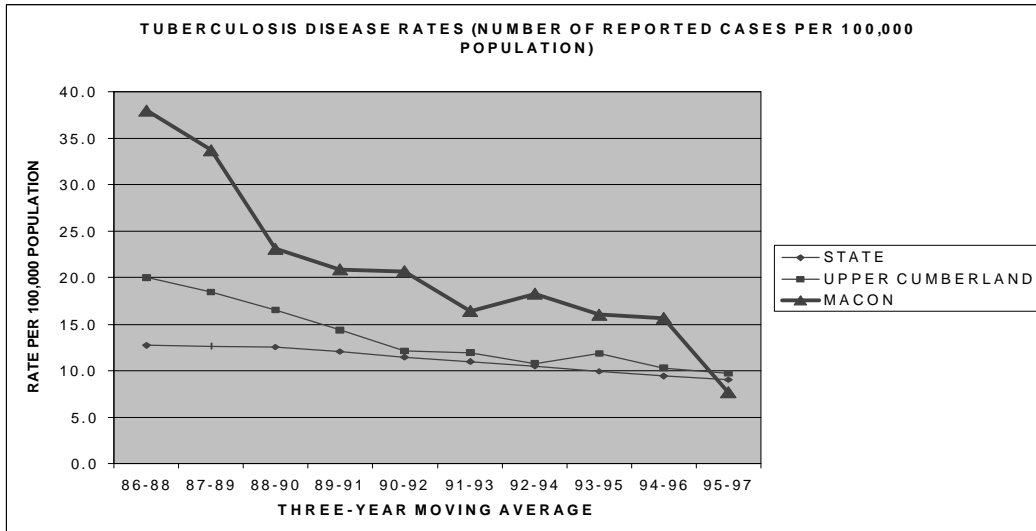




Appendix 5

Morbidity Data





Appendix 6

Verbiage & Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the Tennessee Department of Health and the UTK Community Health Research Group can be located at :Server.to/hit.